CALIFORNIA WORKERS' COMPENSATION FORM INCLUDING SAVINGS FROM AB 227 AND SB 228

member in general qua	good s lificatio	tanding of n standard	the American Academy o to present public stateme	ualty Actuarial Society or a f Actuaries who meets the ents of actuarial opinion. I to render this statement of
certify that numberexpected los intends to u Insurance Cover the ininsurer net	the desses are the solution of	rates in ated ated ated expense filed rate 11732, I consess arms to WC	the insurer's workers' include a reasonable s for the anticipated risks . Furthermore, pursuant b hereby certify that the d expenses, and are expe	es §2509.32(j), I do hereby compensation rate filing estimate of the insurer's for the period the insurer to AB 1985 and California rates shall be adequate to cted to result in a ratio of not less than the insurer's or.
			ornia Insurance Code §§11 (check the applicable boxes	735(b) and 11735.1(a) and s)
	a)	the rates SB 228 be	eflect the cost savings cont cause:	cained in AB 227 and
		det	003031326 that is attribu	least that portion of Ruling utable to the cost savings ner and carries at least an
		det ado 1,	003031326 that is attributermined by the Commissing the approved Pure Prem	least that portion of Ruling utable to the cost savings oner, the insurer did not nium Rate Increase for July te filing carries at least a
Company's I workers' commission savings, rational Decision from pursuant to forth in definition of the company	do here January Ompens er's De es wer om our Insura tail in	eby certify 1, 2004 restion refectsion in Fector reduced the content of the content of the content of the rate	that the rates contained in the filing reflect the cost sate orm legislation as set H 03031326. However, afford the ced by the amount of the ates as doing so would Section 11732. The calculfiling. The rate filing con	urance Code §§11735 and Insurance Insurance avings achieved in the 2003 forth in the Insurance ter reflection of these cost is projected savings in that result in inadequate rates ation of the savings is set ations no other change in in detail all changes in

methodology from the insurer's last rate last rate filing and explain in detail the rationale or reason for the change in methodology and the selection(s).]

I understand that the Insurance Department will rely on this certification and it will be posted on the Department's website.

Signature of Authorized Actuary	Date:	
Name of Authorized Actuary:		
Title of Actuary:		
Address of Actuary:		
City:	State:	Zip Code:
Direct Telephone Number:	Fax Number:	
E-Mail Address:		
Insurer File No.: You must furnish a company file number and/or pro My signature below certifies that to result in the collectible premium as i	ogram name. :he rates as cha	er Program Name:
Signature of Officer of Insurer		Date:
Name of Officer:		
Title of Officer:		
Address of Officer:		
City:	State:	Zip Code:
Direct Telephone Number:	Fax Number:	
E-Mail Address:		